

CALIFORNIA FORM **700**
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
 Official Use Only



COVER PAGE

11 FEB 28 PM 2:28

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Bowen Debra Lynn

1. Office, Agency, or Court

Agency Name

Secretary of State

Division, Board, Department, District, if applicable

Your Position

Administration

Secretary of State

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left _____
 (Check one)

-or-
 The period covered is _____ through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____ through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have been an individual engaged in preparing and submitting this statement and in any attached schedules is true and complete. I acknowledge this is
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 2.27.2011
 (month, day, year)

Signature

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FALL POLITICAL PRACTICES COMMISSION	
Name	Debra Bowen

<p>▶ NAME OF BUSINESS ENTITY <u>Hansen Natural Corporation</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Food</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: / / 10 / / 10 ACQUIRED DISPOSED </p>	<p>▶ NAME OF BUSINESS ENTITY <u>General Electric</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Conglomerate</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: / / 10 / / 10 ACQUIRED DISPOSED </p>
<p>▶ NAME OF BUSINESS ENTITY <u>Silicon Storage Technology</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Technology</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: / / 10 / / 10 ACQUIRED DISPOSED </p>	<p>▶ NAME OF BUSINESS ENTITY <u>Provident Energy</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Energy Provider</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: / / 10 / / 10 ACQUIRED DISPOSED </p>
<p>▶ NAME OF BUSINESS ENTITY <u>Gene Logic</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Pharmaceutical</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: / / 10 / / 10 ACQUIRED DISPOSED </p>	<p>▶ NAME OF BUSINESS ENTITY <u>Citigroup Incorporated</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Financial</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: 3 / 16 / 10 / / 10 ACQUIRED DISPOSED </p>

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Debra Bowen

<p>▶ NAME OF BUSINESS ENTITY <u>Ishares TR Index</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Index Fund of Emerging Markets</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>Index Fund</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u>3</u> / <u>16</u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED </p>	<p>▶ NAME OF BUSINESS ENTITY <u>Sector SPDR TR SBI INT-FIMNL</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Financial Sector Fund</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>Index Fund of Financial Sect.</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u>3</u> / <u>16</u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED </p>
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<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED </p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED </p>

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Debra Bowen

► STREET ADDRESS OR PRECISE LOCATION
8115 La Riviera Drive

CITY
Sacramento

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000 _____ / ____ / 10

☐ \$10,001 - \$100,000 _____ / ____ / 10

☒ \$100,001 - \$1,000,000 ACQUIRED DISPOSED

☐ Over \$1,000,000

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☒ Rental Property

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Mr and Mrs Pannett

► STREET ADDRESS OR PRECISE LOCATION _____

CITY _____

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/10

ACQUIRED

_____/_____/10

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

☐ _____

Yrs. remaining

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Debra Bowen
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- **Reminder - you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

► NAME OF SOURCE
The UVA Law School Foundation
 ADDRESS (Business Address Acceptable)
580 Massle Road
 CITY AND STATE
Charlottesville, VA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
 DATE(S): 2 / 25 / 10 - 2 / 27 / 10 AMT: \$ 1,237.50
(if applicable)
 TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
 DESCRIPTION: Keynote speaker to alumni. Hotel \$577.70
Airfare \$659.80

► NAME OF SOURCE
Pew Center on the States
 ADDRESS (Business Address Acceptable)
901 E Street NW, 10th Floor
 CITY AND STATE
Washington, DC
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
 DATE(S): 12 / 10 / 10 - 12 / 11 / 10 AMT: \$ 778.46
(if applicable)
 TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
 DESCRIPTION: Panelist: Voter registration modernization
"Upgrading Our Democracy"
Payment for airfare, food and lodging.

► NAME OF SOURCE
Open Source Digital Voting Foundation
 ADDRESS (Business Address Acceptable)
665 Lytton Avenue
 CITY AND STATE
Palo Alto, CA 94301
 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
non-profit
 DATE(S): 3 / 16 / 10 - 3 / 20 / 10 AMT: \$ 1,500
(if applicable)
 TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
 DESCRIPTION: Panelist re: Military and overseas voting.
Payment to cover part of airfare, food and
lodging.

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

 DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
 DESCRIPTION: _____

Comments: _____